

Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Type::

US National Phase

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

Title::

**ELECTROSTATICALLY ACTUATED LOW
RESPONSE TIME POWER COMMUTATION
MICRO-SWITCHES**

Attorney Docket Number::

4590-383

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

Total Drawing Sheets::

8

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

Given Name::

Afshin

Middle Name::

Family Name::

ZIAEI

Name Suffix::

City of Residence::

Vanves

State or Province of Residence::

Country of Residence::

France

Street of Mailing Address::

108 rue Sadi Carnot

City of Mailing Address::

Vanves

Postal or Zip Code::

92170

Applicant Authority Type:: **Inventor**
 Primary Citizenship Country:: **France**
 Status::
 Given Name:: **Thierry**
 Middle Name::
 Family Name:: **DEAN**
 Name Suffix::
 City of Residence:: **Gif Sur Yvette**
 State or Province of Residence::
 Country of Residence:: **France**
 Street of Mailing Address:: **28 allée de la Mare Gabriele**
 City of Mailing Address:: **Gif Sur Yvette**
 Postal or Zip Code:: **91190**

| | |
|----------------------------------|--|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | France |
| Status:: | |
| Given Name:: | Jean-Philippe |
| Middle Name:: | |
| Family Name:: | POLIZZI |
| Name Suffix:: | |
| City of Residence:: | Palaiseau |
| State or Province of Residence:: | |
| Country of Residence:: | France |
| Street of Mailing Address:: | 10 Domaine de la Butte à la Reine |
| City of Mailing Address:: | Palaiseau |
| Postal or Zip Code:: | 91120 |

Correspondence Information

Correspondence Customer No:: **33308**
 Phone Number:: **(703) 684-1111**
 Fax Number:: **(703) 518-5499**
 E-Mail Address::

Representative Information

Representative Customer Number::

Representative Designation:: Registration Number:: Representative Name::

Primary or Associate

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|--------------------------|---------------------------|--------------------|
| FR | 02/12007 | September 27, 2002 | Yes |
| | PCT/FR2003/002835 | September 26, 2003 | Yes |

Assignee Information

Assignee Name:: **THALES**
Street of Mailing Address:: **45 rue de Villiers**
City of Mailing Address:: **Neuilly Sur Seine**
State of Mailing Address::
Country of Mailing Address:: **France**
Postal or Zip Code:: **92200**